

**Kentucky Department for Medicaid Services**

## Pharmacy and Therapeutics Advisory Committee Recommendations

**March 27, 2003, Meeting**

This chart provides a summary of the recommendations that were made by the Pharmacy and Therapeutics Advisory Committee at the March 27, 2003, meeting. Review of the recommendations by the Secretary of the Cabinet for Health Services and final decisions are pending.

	<b>Description of Recommendation</b>	<b>P &amp; T Vote</b>
#1	<b>Zetia (ezetimibe)</b> <ul style="list-style-type: none"> <li>Place a prior authorization requirement on Zetia with approval based on previous use of an HMG-CoA inhibitor within the last 12 months. This should be implemented as a step therapy edit in the claims system.</li> </ul>	Passed 10 to 0
#2	<b>Strattera (atomoxetine HCl)</b> <ul style="list-style-type: none"> <li>Place Strattera on the Preferred Drug List with a limit of one tablet per day per strength.</li> </ul>	Passed 10 to 0
#3	<b>Leukotriene Receptor Antagonists Class – Singulair (Montelukast), Accolate (Zafirlukast), Zyflo (Zileuton)</b> <ul style="list-style-type: none"> <li>Place a prior authorization requirement on Singulair and Accolate. <ul style="list-style-type: none"> <li>Approval will be granted for those recipients with a diagnosis of asthma.</li> <li>As a surrogate for this diagnosis, an electronic POS edit should be implemented that will electronically check claims history for use of a short acting or long acting beta agonist (e.g. Albuterol), a methylxanthine, an inhaled corticosteroids, a oral beta agonist (tablet), cromolyn, or ipratropium. Approval would be granted if there has been use of one of these agents within the past six months.</li> <li>Approval will be granted for those recipients with a diagnosis of Allergic Rhinitis where the recipient continues to be symptomatic after a 30-day cumulative trial of an antihistamine or nasal corticosteroid, or their use is otherwise not tolerated or medically indicated.</li> </ul> </li> <li>Place a quantity limit of 60 tablets per 30 days on Accolate.</li> <li>Place a quantity limit of 30 tablets per 30 days on Singulair.</li> <li>Continue to require Prior Authorization for Zyflo due to safety concerns.</li> </ul>	Passed 10 to 0